

## Adult Foster Care Exception Request

Community Mental Health (CMH) should use this form to notify MDCH that a claim exception for Adult Foster Care (AFC) has been granted. Claim exceptions for AFC should be authorized by the CMH and sent via email to the MDCH Provider Inquiry Unit, [providersupport@michigan.gov](mailto:providersupport@michigan.gov) or **fax to (517) 241-0570** to enter into the Model Payments System (MPS). Please note that by completing this form and forwarding to MDCH, the CMH certifies that the request has been reviewed by the CMH and the exception has been approved. Documentation of the request should be maintained by the CMH.

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CMH Name

Name of CMH contact **\*REQUIRED\***

CMH telephone number

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Client Name:

Beneficiary ID:

Beneficiary Case Number:

Worker Number: 9702

Exception Dates:

Provider ID Number:

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Reason for exception: (Please give complete description of reason for exception:

Date exception granted: